# PRIOR AUTHORIZATION REQUEST FORM

Please complete all sections. Incomplete forms will be returned.

#### 1. PATIENT INFORMATION

Full Name: David Michael Brown DOB: 11/30/1968 Sex: M F
Member ID: HUMANA567890123 Insurance: Humana Health Insurance

Address: 987 Maple Avenue, Miami, FL 33101

Phone: (305) 555-1234 Email: david.brown@email.com

# 2. INSURANCE / PLAN INFORMATION

Insurance Company: Humana Health Insurance Plan Type: PPO HMO Medicare

Policy Number: HUM890123456 Group Number: GRP005 Effective Date: 01/01/2024 Termination Date: 12/31/2024

#### 3. PROVIDER INFORMATION

Requesting Provider: Dr. Christopher Lee, MD NPI: 3344556677

Specialty: Urology Cardiology Orthopedics Other:

Phone: (305) 555-1357 Fax: (305) 555-1358

Address: 147 Urology Center Dr, Miami, FL 33101

Facility: Miami Urology Institute Tax ID: 33-4455667

# 4. SERVICE / PROCEDURE REQUESTED

Service Type: Robotic Prostatectomy

CPT Code: 55866 ICD-10 Code: C61 - Prostate cancer

Number of Treatments: 1 Requested Date: 02/15/2025

Place of Service: Inpatient Outpatient Emergency Other:

# 5. CLINICAL JUSTIFICATION

Medical Necessity:

Patient presents with localized prostate cancer (Gleason score 7). PSA level is 8.5 ng/mL. Digital rectal examination reveals a firm nodule in the right lobe. Prostate biopsy confirmed adenocarcinoma. Robotic prostatectomy is medically necessary for definitive treatment of localized prostate cancer. Clinical guidelines support surgical intervention for patients with localized disease and good performance status. Patient is 55 years old with excellent functional status.

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PSA: 8.5 ng/mL Gleason score: 7

Digital rectal exam: Firm nodule No distant metastases

**Prior Treatments:** 

Prostate biopsy (positive) Active surveillance (6 months) Other: \_\_\_\_\_

# 6. SUPPORTING DOCUMENTATION

Attached Documents (check all that apply):

Physician Notes (12/25/2024) Laboratory Results (PSA, CMP)
Prostate Biopsy Report (12/10/2024) Patient Medical History
Insurance Card Copy Imaging Studies (CT, Bone scan)